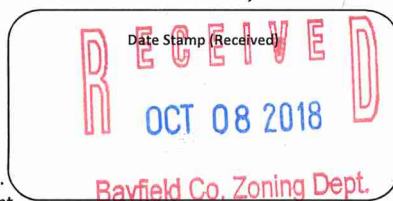


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0443
Date:	10-24-18
Amount Paid:	\$250 10-16-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

LUP \$150 IS \$100 = \$250  
FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Paul & Terri Bretting	Mailing Address: 72040 St Hwy 13 Ashland, WI 54806	City/State/Zip: Ashland, WI 54806	Telephone: 715 work 682-5231
Address of Property: 64970 McCarry Lake Rd	City/State/Zip: Iron River, WI 54847		Cell Phone: 715 292-1065
Contractor: self	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Furtak (715)	Agent Phone: 817-2034	Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd, WI 54847	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 20343	Recorded Document: (Showing Ownership) 902 476	
1/4, 1/4	Gov't Lot	Lot(s)	CSM
	Vol & Page	CSM Doc #	Lot(s) No.
			Block(s) No.
Section 33, Township 47 N, Range 8 W	Town of: Iron River	Subdivision: Ledin	Lot Size
			Acreage 1.4

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 95+ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$50,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Comu	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
			<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/>		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 40	Width: 36	Height: 25

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) garage w/ living quarters	( 40 x 28 )	1,120
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) rear 40	( 36 x 8 )	288
	<input type="checkbox"/>	Special Use: (explain) To be living space loft	( 40 x 11 )	440
	<input type="checkbox"/>	Conditional Use: (explain) eventually (2019).	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date \_\_\_\_\_

Authorized Agent: Mike Furtak  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 10/5/2018

Address to send permit 6173 Iron Lake Rd, Iron River, WI 54847

Attach  
Copy of Tax Statement ✓  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



- |                           |  |
|---------------------------|--|
| (1) Show Location of:     | Proposed Construction  |
| (2) Show / Indicate:      | North (N) on Plot Plan   |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road)  |
| (4) Show:                 | All Existing Structures on your Property   |
| (5) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*):         | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (7) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%   |

Dog pen slabs to be removed.  
 Site is staked.  
 Plumbing to be stubbed in. No water in structure until 2019.  
 See attachment for in 2019. Sanitary will be applied  
 Holding Tank  
 New Building will be guttered with downspouts  
 entering drain tile to infiltrate run-off from the  
 roof

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	120± Feet	Setback from the Lake (ordinary high-water mark)	125± Feet
Setback from the Established Right-of-Way	100± Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	15± 20 Feet		
Setback from the South Lot Line	190± Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on the property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	140 Feet	Setback to Well	70± Feet
Setback to Drain Field	50± Feet		
Setback to Privy (Portable, Composting)	160 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 27761	# of bedrooms: 2	Sanitary Date: 12/22/71
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0443		Permit Date: 10-24-18		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Stakes/Flags	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Project and property boundaries were well-marked with stakes and flagging. Project appears code compliant.		Zoning District (R-1) Lakes Classification (1)		
Date of Inspection: 10/17/18	Inspected by: Todd Norwood	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
No pressurized water in structure until an approved connection to Powlis is made. No food preparation facilities allowed in structure. Habitable living space must remain at 500 sq ft or less, must meet and maintain Set-backs. Structure must be guttered and connected to approved infiltration basin. Mitigation required if removed from infiltration basin.				
Signature of Inspector: Todd Norwood				Date of Approval: 10/23/18
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal  
Permits May Also Be Required

LAND USE - **X**  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

No. **18-0443** Issued To: **Paul Bretting / Mike Furtak, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **33** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **29** Block Subdivision **Ledin** CSM#

For: **Residential Accessory Structure**: [ **2- Story**; **Garage** (40' x 28') = 1,120 sq. ft.; **Lean-to** (36' x 8') = 288 sq. ft.;  
**Second Story Living Space** (40' x 11') = 440 sq. ft. ]  
**Total Overall = 1,408 sq. ft.**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** No pressurized water into building without approved connection to POWTS. No food preparation facilities allowed in structure. Habitable living space must remain at 500 sq. ft. or less. Must meet and maintain set-backs. Structure must be guttered and connected to an approved infiltration basin. Mitigation required if removed from infiltration basin.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**October 24, 2018**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp (Received)  
**RECEIVED**  
OCT 01 2018

Permit #:	18-0447
Date:	10-24-18
Amount Paid:	\$500 10-24-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Andy & Sue Weyer	Mailing Address: 15173 Eldorado St NW Andover Mn.	City/State/Zip: 55304	Telephone:
Address of Property: 64575 W Bass Lk Rd	City/State/Zip: Iron River, WI 54847		Cell Phone: 651-295-8217
Contractor: LW Const, 715-292-3158	Contractor Phone: 215-292-5138	Plumber: Blakeman	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Lorin Wicklund	Agent Phone: 715-292-5138	Agent Mailing Address (include City/State/Zip): PO Box 155 Iron River WI 54847	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION SW 1/4, NW 1/4	Legal Description: (Use Tax Statement) Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) No. Block(s) No.	Tax ID# 19996	Recorded Document: (Showing Ownership) v. 880 p. 854
Section 33, Township 47 N, Range 08 W		Town of: Iron River	Lot Size Acreage 6.18

Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 130 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 130 feet		
Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 170,000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Conv.</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
				<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 44'	Width: 28'	Height: 24'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( 44 X 28 )	1232
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	<input checked="" type="checkbox"/>	with Loft	( X )	
	<input checked="" type="checkbox"/>	with a Porch	( 12 X 28 )	336
	<input checked="" type="checkbox"/>	with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/>	with a Deck	( 8' X 24' )	192
	<input type="checkbox"/>	with (2nd) Deck	( X )	
	<input type="checkbox"/>	with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities )	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Authorized Agent:  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 9/25/18

Address to send permit Lorin Wicklund PO Box 155 Iron River, WI 54847

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



- Show Location of:

Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

See Att sheet

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	72'	Feet	Setback from the Lake (ordinary high-water mark)	130 Feet
Setback from the Established Right-of-Way	43'	Feet	Setback from the River, Stream, Creek	NA Feet
			Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	43'	Feet		
Setback from the South Lot Line	90'	Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	350'	Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	130'	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	20 Feet
Setback to Drain Field		Feet		
Setback to Privy (Portable, Composting)	NA	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

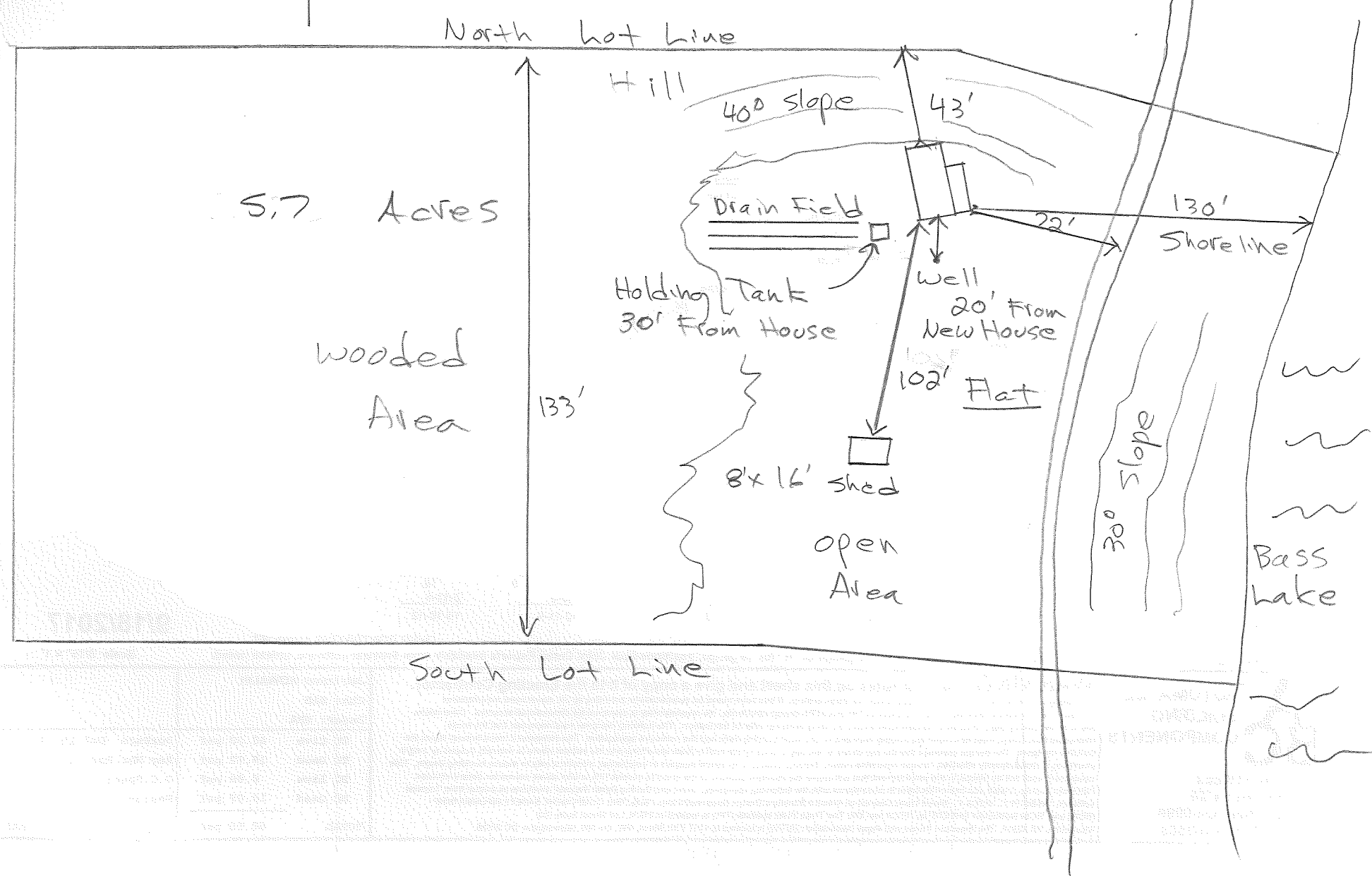
Issuance Information (County Use Only)		Sanitary Number: 18-139S	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 18-0447		Permit Date: 10-24-18			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Status	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: old house seen in aerial image is removed and site was prepped and staked, could not find property lines. Project appears code compliant.			Zoning District ( R1 ) Lakes Classification ( 3 - ) Bass LK		
Date of Inspection: 10/8/18		Inspected by: Todd Norwood		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain set backs.					
Signature of Inspector: Todd Norwood				Date of Approval: 10/15/18	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

Drawings  
Show  
50  
(1)  
(2)  
(3)  
(4)  
(5)

North ↑

\* Not To scale

W Bass Lake Rd →





City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **18-139S**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0447** Issued To: **George Weyer Et Al / Lorin Wiclund, Agent**

Par in SW  $\frac{1}{4}$  NW  $\frac{1}{4}$  &

Location: **SE**  $\frac{1}{4}$  of **NW**  $\frac{1}{4}$  Section **33** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: Residential Use: [ 1- Story; Residence (44' x 28') = 1,232 sq. ft.; Porch (12' x 28') = 336 sq. ft.;  
Deck (8' x 24') = 192 sq. ft. ] Total Overall = 1,760 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must contact local uniform dwelling code inspection agency and secure UDC permit prior to the start of construction. Must meet and maintain setbacks.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated

**Todd Norwood**

Authorized Issuing Official

**October 24, 2018**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0448
Date:	10-29-18
Amount Paid:	\$75 10-23-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER																	
Owner's Name: Bryan & Kimberly Altendorf		Mailing Address: 620 Newton St		City/State/Zip: Baldwin, WI 54002		Telephone: 651.442.6162											
Address of Property: 66065 Rooster Rd		City/State/Zip: Iron River, WI		54847		Cell Phone:											
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:											
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No											
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 19624		Recorded Document: (Showing Ownership) 2014R-553691-1122-757											
SE 1/4, SW 1/4 Lying E of City H		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) No.		Block(s) No.		Subdivision:	
Section 21		Township 47		N		Range 08		W		Town of: Iron River		Lot Size		Acreage 3.0			

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 640 feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$650.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Posts	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ST	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> None		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/>		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 19'	Width: 18'	Height: 6"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
		with (2nd) Deck	( X )	
<input type="checkbox"/> Commercial Use		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) DECK Dimensions on back	( X )	294
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Kimberly Altendorf Date 10/14/2018  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

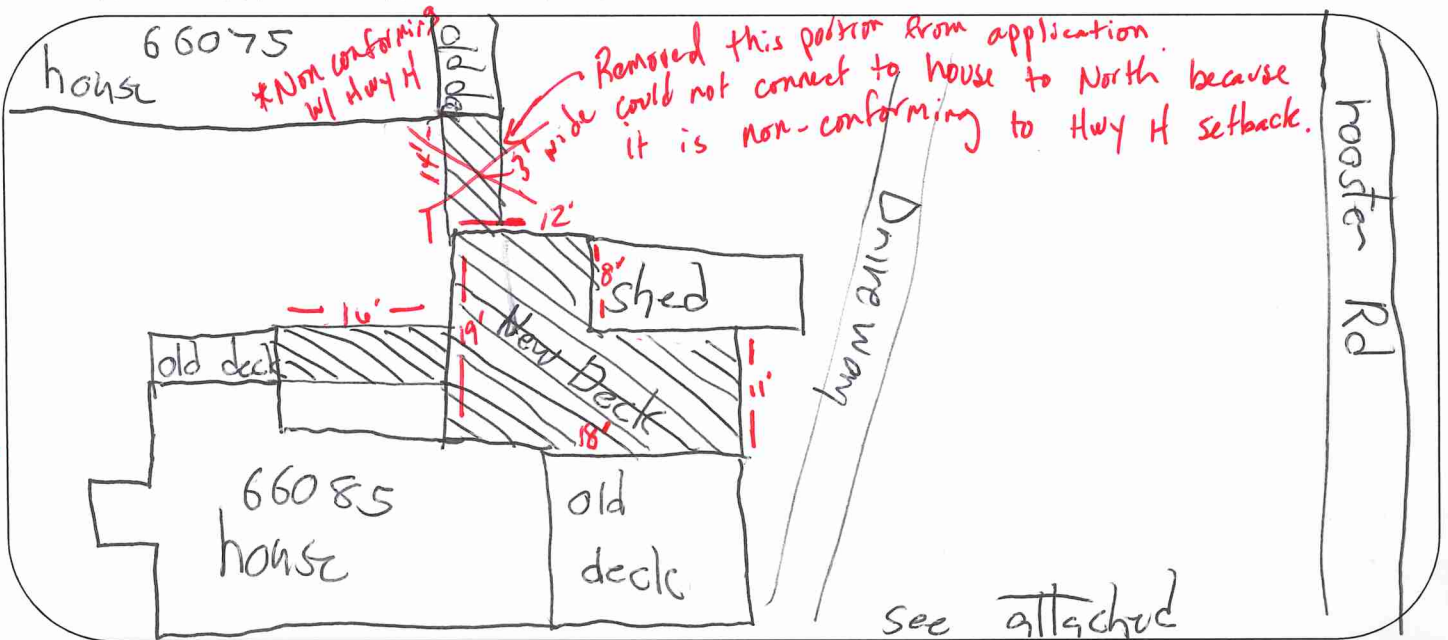
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



- Show Location of: Proposed Construction  
 Show / Indicate: North (N) on Plot Plan  
 (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
 (4) Show: All Existing Structures on your Property  
 (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
 (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
 (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Hwy H / Rooster Rd 124 / 106 Feet	Setback from the Lake (ordinary high-water mark)	640 Feet
Setback from the Established Right-of-Way	~90 / ~73 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	460 Feet	Setback from Wetland	Feet
Setback from the South Lot Line	120 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	103 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	93 Feet		
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	10 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0448		Permit Date: 10-29-18		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5 acres	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Lender present and project site staked. project appears code compliant.		Zoning District (R1)		
Date of Inspection: 10/25/18		Lakes Classification (3-Log+LK 1-Biskey Bay)		
Inspected by: Todd Norwood		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks.				
Signature of Inspector: Todd Norwood		Date of Approval: 10/25/18		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



City, Village, State or Federal  
May Also Be Required  
- X  
ARY -  
GN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0448** Issued To: **Bryan & Kimberly Altendorf**

Location: **SE** ¼ of **SW** ¼ Section **21** Township **47** N. Range **8** W. Town of **Iron River**  
**Lying East of Co Hwy H**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Addition / Alteration: [ 1- Story; Deck (Irregular) = 294 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**October 29, 2018**

Date